

CRN - Crohn's Disease

CRN-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as it relates to Crohn's Disease.

STANDARDS:

1. Explain the normal anatomy and physiology of the gastrointestinal tract.
2. Discuss the changes to anatomy and physiology as a result of Crohn's Disease.
3. Discuss the impact of these changes on the patient's health or well-being.

CRN-C COMPLICATIONS

OUTCOME: The patient/family will understand the signs of complications of Crohn's disease and will plan to return for medical care if it occurs.

STANDARDS:

1. Explain that some possible complications of Crohn's disease are stricture and fistulae formation, hemorrhage, bowel perforation, mechanical intestinal obstruction, and colorectal cancer, etc.
2. Explain that complications may be delayed, minimized, or prevented with prompt treatment of exacerbation.
3. Discuss the symptoms of exacerbation that trigger the need to seek medical attention, e.g., blood in the stool, unusual drainage, unusual abdominal pain, change in frequency of stools, fever.

CRN-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in achieving physical and behavioral health.

STANDARDS:

1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.
2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

CRN-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

CRN-DP DISEASE PROCESS

OUTCOME: The patient/family will have a basic understanding of the pathophysiology and symptoms of Crohn's disease.

STANDARDS:

1. Explain that Crohn's disease is a chronic inflammatory disease of the small intestine, usually affecting the terminal ileum at the region just before the ileum joins the colon. Explain that this condition is characterized by exacerbations and remissions that may be abrupt or insidious.
2. Explain that the etiology is unknown and that there is a familial tendency toward Crohn's disease. Emphasize that it occurs mostly in those between 15 and 35 years of age.
3. Explain that this condition interferes with the ability of the intestine to transport the contents of the upper intestine through the constricted lumen, causing cramp pains after meals.
4. Explain that chronic diarrhea and bloody stools may occur due to the irritating discharge from the intestine.
5. Explain that in some patients, the inflamed intestine may perforate and form intra-abdominal and anal abscesses.

CRN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of Crohn's Disease.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

CRN-L LITERATURE

OUTCOME: The patient/family will receive literature about Crohn's disease.

STANDARDS:

1. Provide the patient/family with literature on Crohn's disease.
2. Discuss the content of the literature.

CRN-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

CRN-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of Crohn's disease.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.

- b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
 3. Discuss the benefits of nutrition and exercise to health and well-being.
 4. Assist the patient/family in developing an appropriate nutrition care plan.
 5. Refer to other providers or community resources as needed.

CRN-N NUTRITION

OUTCOME: The patient/family will understand the benefits of dietary modification in the management of bowel function.

STANDARDS:

1. Explain that fresh fruits, fresh vegetables, and dairy products should be avoided in the diet. Eat foods that are low in fats (fish oil recommended such as omega-3 fatty acids). Provide a list of foods for the patient to avoid, if available.
2. Explain that seasoning are usually poorly tolerated.
3. Explain to the patient/family that in severe cases, parenteral hyperalimentation may be necessary to maintain nutrition while allowing the bowel to rest.
4. Assist the patient/family in developing appropriate meal plans. Refer to registered dietitian for MNT.

CRN-P PREVENTION

OUTCOME: The patient/family will understand and make a plan for the prevention of colon disease.

STANDARDS:

1. Discuss the effects of a fatty, low fiber diet on the colon.
2. Provide and review a list of low fat, high fiber foods.
3. Assist the patient/family in meal planning that includes low fat, high fiber foods and avoids high fat, low fiber foods.
4. Explain that the etiology of Crohn's disease is unknown and there is no known prevention, but an appropriate diet may prevent or slow progression of the disease.

CRN-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Advise the patient/family to strictly follow dietary guidelines to assist in the control of cramp pain after meals.
2. Advise the patient to fully participate with medication regimen to decrease the inflammation and pain.
3. Instruct the patient in meticulous anal skin care with protective creams to prevent skin breakdown and pain.
4. Advise the patient not to use over the counter pain medications without checking with the patient's provider.

CRN-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in Crohn's disease.

STANDARDS:

1. Explain that uncontrolled stress can increase constipation or diarrhea, abdominal pain, and fatigue.
2. Explain that uncontrolled stress can interfere with the treatment of Crohn's disease.
3. Explain that effective stress management may reduce the adverse consequences of Crohn's disease, as well as help improve the health and well-being of the patient.
4. Explain that stress may cause inappropriate eating which will exacerbate the symptoms of Crohn's disease. **Refer to CRN-N.**
5. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Talking with people you trust about your worries or problems
 - d. Setting realistic goals
 - e. Getting enough sleep
 - f. Maintaining a healthy diet
 - g. Exercising regularly
 - h. Taking vacations
 - i. Practicing meditation, self-hypnosis, and positive imagery

- j. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. Participating in spiritual or cultural activities
6. Provide referrals as appropriate.

CRN-TE TESTS

OUTCOME: The patient/family will understand the tests to be performed. The patient/family will further understand the risk/benefit ratio of the proposed testing, alternatives to testing, and risks of non-testing.

STANDARDS:

1. Proctosigmoidoscopy and Colonoscopy
 - a. Explain that proctosigmoidoscopy and colonoscopy may be utilized to directly visualize the inside of the colon and enable biopsies to be obtained. The information from the colonoscopy may be necessary to diagnose the specific type of bowel disease.
 - b. Explain that the procedure involves introducing a flexible tube through the anus and rectum.
 - c. Explain that the preparation for the test is usually a liquid diet, cathartics, and enemas.
2. Upper gastrointestinal barium studies
 - a. Explain that the upper GI barium study is an x-ray to assess the degree and extent of the disease.
 - b. Explain that barium liquid will be swallowed and radiographs taken.
3. Barium Enema
 - a. Explain that the barium enema is an x-ray to assess the extent of the disease, identify lesions, detect pseudo polyps, carcinoma, and strictures.
 - b. Explain that barium liquid will be introduced by enema and radiographs taken.
 - c. Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.
4. Discuss the risk/benefit ratio of testing, alternatives to testing, and the risk of non-testing.

CRN-TX TREATMENT

OUTCOME: The patient/family will understand the appropriate treatment for bowel disease

STANDARDS:

1. Discuss the specific treatment plan, which may include the following:
 - a. A diet restricted to no fruits or vegetables, low in fats, and free of dairy products.
 - b. Parenteral hyperalimentation to maintain nutrition while allowing the bowel to rest.
 - c. Corticosteroids, salicylates, and/or other anti-inflammatory agents to decrease inflammation.
 - d. Medications to control diarrhea.
 - e. Rest.
 - f. Surgery to correct hemorrhage, fistulas, bowel perforation, or intestinal obstruction.
2. Discuss the risk/benefit ratio of the proposed treatment, alternatives to treatment and the risk of non-treatment.
3. Emphasize the importance of fully participating in the treatment regimen.